U.S.-Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Recolar READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. E	
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name VINCELT MElyoey	Name LOCAL 3 ISEW
	Labor Organization File Number [CC6367]
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 158-11 H. VAN Ars Lile TR AUS	Street 158-11 H. Van Arschle In. Ave
city Flushing	City Ewww
State U7 ZIP Code +4 11365	State ZIP Code + 4 1/365
5. Position in labor organization. Fingucial Secretary	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Loca 3 Thew Trade Name, if any:	Minor Child worked in the mail room and personmed often general office work during lical year 2009
P.O. Box, Bldg., Room No., if any	
Street 158-11 H. Van Ars. J.C. Sp. Aue	7.b. Amount.
aty Flushiy	47,402.32
State N7 ZIP Code +4 [11365]	
Signa	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Wiched M She	on 8/15/05 718-59(-900 x456
	Date Telephone Number